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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <small>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618))</small>		<b>Docket Number (Optional)</b> 95176562-005004	
<b>Application Number</b> 09/940,545		<b>Filed</b> 08/29/2001	
<b>For Plasticized Bone and Soft Tissue Grafts ...</b>			
<b>An Unit</b> 3732		<b>Examiner</b> David Comstock	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<b>Fee</b>	<b>Small Entity Fee</b>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 3740-0355. I have enclosed a duplicate copy of this sheet.			
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>			
I am the <input type="checkbox"/> applicant/inventor. 50-3420			
<input type="checkbox"/> assigner of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 39,292.			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
Signature W. Jackson Matney, Jr.		Date September 13, 2005	
Typed or printed name		Telephone Number 202-835-1678	
<small>NOTE: Signature of all the owners or assigners of record of the entire interest or their representative(s) who required. Submit multiple forms if more than one signature is required, see below.</small>			
<input checked="" type="checkbox"/> Total of 2 forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required in order to obtain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 172 and 37 CFR 1.11 and 1.14. This collection is exempted to take 6 months to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the request of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PATENT and select option 2.

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PAGE 44 \* RCVD AT 9/14/2005 4:04:10 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-839 \* DNIS:2738300 \* CSID:2024527074 \* DURATION (mm-ss):01-24

PAGE 16/19 \* RCVD AT 5/4/2006 12:36:13 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/2 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):04-42

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Check Number (Optional)</b>	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4173))		95176362-005004	
Application Number 09/940,545		Filed 08/29/2001	
For Plasticized Bone and Soft Tissue Grafts ...			
Art Unit 3732		Examiner David Constock	
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I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
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<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
Signature <i>W. Jackson Matney, Jr.</i>		Date September 13, 2005	
Typed or printed name W. Jackson Matney, Jr.		Telephone Number 202-855-1678	
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 2 forms are submitted.			

The collection of information is required by 37 CFR 1.136(a). The information is required in order to retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is intended to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the layout of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 16/19 \* RCVD AT 5/4/2006 12:36:13 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXF-2/2 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):04:42

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